

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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FEC MAIL CENTER

2008 OCT 30 AM 10:49

### 1. Person Making the Disbursements/Obligations

(a) Name

WISCONSIN RIGHT TO LIFE, INC.

(b) Address (number and street) ☐ check if different than previously reported

10625 W. NORTH AVENUE, SUITE LL

(c) City, State and ZIP Code

MILWAUKEE, WISCONSIN 53226

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

10/29/2008 through

10/29/2008

### 5. (a) Date of Public Distribution(s) 10/29/2008 (b) Communication Title

### 6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☒ Other, specify:

CORPORATION

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

### 8. Custodian of Records

(a) Name

PHILIP D. KURTZ

(b) Address (number and street)

10625 W. NORTH AVENUE, SUITE LL

(c) City, State and ZIP Code

MILWAUKEE, WISCONSIN 53226

(d) Name of Employer or Principal Place of Business

WISCONSIN RIGHT TO LIFE, INC

(e) Occupation

FINANCIAL/OPERATIONS DIRECTOR

### 9. Total Donations This Statement

9,500.00

### 10. Total Disbursements/Obligations This Statement

10,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

PHILIP D. KURTZ

SIGNATURE

DATE

10/29/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.